

## CONFIDENTIAL

### STAFF VICTIM NOTIFICATION REQUEST

It is the policy of the Department of the Youth Authority that any staff member who becomes a victim by an offender (*i.e. assaulted, battered, gassed, threatened to harm or conspired to harm*) shall be provided notification, upon request, of allowable offender information and resource referral services through the Office of Prevention and Victims Services (OPVS).

**Instructions:** *This form is to be completed on all staff victims and forwarded to OPVS.*

- 1. A copy of this document is to be placed in the offender's field file **confidential** envelope.*
- 2. The original, along with appropriate documentation, shall be forwarded to OPVS-Victims Services Supervisor. Do not use electronic mail to send this form.*

**Date:**

**Staff Victim:**

Staff Name	Classification	Work Location
Date of incident	Location of Incident	Documentation attached?
Description of Incident:		

**Offender Information:**

Ward/Parolee Name	Y.A./M#	Institution/Parole Office	Current Location
Parole Consideration Date	Available Confinement Time	Jurisdiction	County of Commitment

Please check all that apply to this incident:

☐  
☐  
☐  
☐

Pending DDMS

Adjudicated DDMS

Pending Court Proceedings

Additional Court Commitment

Date of Commitment \_\_\_\_\_ Superior Court \_\_\_\_\_ Juvenile Court \_\_\_\_\_

**Information Received by:**

Name of person completing form (please print):	Classification:	Institution/Parole Office	Signature/Date
Victims Services Coordinator	Superintendent/SPA/Designee Review:		Date